

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        |      |
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| 12    |       |          |      |
| 13    | ✓     | ✓        |      |
| 14    |       |          |      |
| 15    | 0     | 0        |      |
| 16    | 0     | 0        |      |
| 17    | 0     | 0        |      |
| 18    |       |          |      |
| 19    | ✓     | ✓        |      |
| 20    | ✓     | ✓        |      |
| 21    | N     | N        |      |
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| 25    |       |          |      |
| 26    |       |          |      |
| 27    |       |          |      |
| 28    | ✓     | ✓        |      |
| 29    | N     | N        |      |
| 30    |       |          |      |
| 31    |       |          |      |
| 32    | N     | N        |      |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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